

jc530 U.S. PTO
09/478370
01/06/00

jc685 U.S. PRO
01/06/00

Examiner:

[illegible]

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* If the entry in (D) is less than the entry in (C), write "0" in column 3.
 ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write :20" in this space.
 *** After any cancellation of claims.
 **** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

If there are any fees due under 37 C.F.R. §§ 1.16 or 1.17 which are not enclosed herewith, including any fees required for an extension of time under 37 C.F.R. § 1.136, please charge such fees to our Deposit Account No. 06-0916.

Respectfully submitted,

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Dated: January 6, 2000

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FORM 401

NOTICE OF FILING OF REISSUE APPLICATION FOR
PUBLICATION IN OFFICIAL GAZETTE

ORIGINAL PATENT
NUMBER

5,792,261

SERIAL NUMBER OF
REISSUE

09/478370

FILING DATE

01-06-00

CLASS AND SUBCLASS

118/723

TITLE

PLASMA PROCESS APPARATUS

INVENTOR

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DATE OF
ANNOUNCEMENT IN
OFFICIAL GAZETTE

EN